CLAIM AMENDMENTS

Claims 1-5 (Cancelled).

6. (Currently Amended) The intramedullary nail of claim 16 [[1]], wherein a ratio of the

cross sectional dimensions of the respective proximal and distal fastener receiving areas at the

axes of said holes relative to the cross sectional dimension of said central section is at least about

1.3:1.

Claims 7-8 (Canceled).

9. (Currently Amended) The intramedullary nail of claim 16 [[1]] further comprising cross

fasteners respectively received in the holes, each cross fastener having a threaded distal tip, a

threaded proximal shank and an unthreaded portion between the threaded distal tip and the

threaded proximal shank, said unthreaded portion adapted to be received in one of said holes and

said threaded distal tip and proximal shank adapted to engage bone matter on opposite sides of

said one hole.

10. (Original) A method of fixing a fracture in a long bone of a patient having an

intramedullary canal, the method comprising:

providing a elongate member having a solid central section having a cross sectional

dimension and having proximal and distal fastener receiving areas of increased cross sectional

Response to Office Action Application No.: 09/990,243 dimension relative to the cross sectional dimension of the central section, the fastener receiving

areas each having at least one hole extending transverse to a longitudinal axis of the elongate

member,

inserting the elongate member into the intramedullary canal through an insertion point

and across the fracture, and

inserting cross fasteners through each of said holes and into said bone on opposite sides

of said elongate member to fix the fracture of the long bond against rotational and lengthening

movements.

11. (Original) The method of claim 10, wherein at least the central section of the elongate

member is curved in a sagital plane of the patient, and further comprising:

prior to the inserting step, laterally bending the proximal fastener receiving area of said

elongate member at an acute angle out of the sagital plane of the patient.

12. (Original) The method of claim 11 further comprising:

bending the distal fastener receiving area of said elongate member at an acute angle out

of the sagital plane of the patient.

13. (Original) The method of claim 11 further comprising:

laterally bending the proximal fastener receiving area to conform to a right femur of the

patient.

Response to Office Action Application No.: 09/990,243 14. (Original) The method of claim 11 further comprising:

laterally bending the proximal fastener receiving area to conform to a left femur of the

patient.

15. (Original) The method of claim 11, wherein the long bone in a femur and the insertion

point is a point on the greater trochanter lateral of the piriformis fossa, and the method further

comprises:

laterally bending the proximal fastener receiving area to conform to the proximal femur

of the patient and to present the proximal tip of the elongate member at the insertion point for

access and removal after healing of the fracture.

16. (Original) An intramedullary nailing system for fixing a fracture in a long bone of a

patient having an intramedullary canal, the system comprising:

an elongate member having a longitudinal axis, a proximal end section, a distal end

section and a solid central section extending between said proximal and distal send sections, said

proximal and distal end sections respectively including proximal and distal fastener receiving

areas of greater cross-sectional dimensions than said central section, said fastener receiving areas

each having at least one hole extending transverse to the longitudinal axis for receiving a cross

fastener adapted to secure to the bone on opposite sides of said elongate member, said proximal

and distal end sections thereby providing rigid anchoring locations relative to said central

section, and said central section providing elastic flexibility to promote healing of the fracture,

and

Response to Office Action Application No.: 09/990,243 a bending device having jaw structure configured to hold the elongate member and bend

at least one of the proximal and distal end sections at angle relative to said central section.

17. (Original) The system of claim 16, wherein said being device further comprises a pair of

manually operable handles coupled with said jaw structure and adapted to be squeezed together

to move the jaw structure.

Claims 18 - 20 (Cancelled).

21. (Currently Amended) The intramedullary nail of claim 16 [[1]], wherein said one of said

fastener receiving areas included in said distal end section has at least two holes extending

transverse to the longitudinal axis, said at least two holes each being normal to the longitudinal

axis and one another.

22. (Currently Amended) The intramedullary nail of claim 16 [[1]], wherein the nail is made

from titanium and the nail has a generally cylindrical shape with a diameter of the solid central

section of between about 4 and 7 millimeters.

23. (Currently Amended) The intramedullary nail of claim 16 [[1]], wherein the central

section has a solid cross section with a substantially constant diameter.

24. (Previously Presented) The method of claim 10, which further includes providing

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another hole extending normal to the longitudinal axis of the elongate member and the at least

one hole for at least one of the fastener receiving areas.

25. (Previously Presented) The method of claim 10, wherein the central section has a solid

cross section with a substantially constant diameter.

Claims 26-30. (Canceled).

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